

**EQUINE INFECTIOUS ANEMIA LABORATORY TEST**  
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Form Serial Number

2687

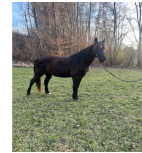
1. Accession Number X24002352	2. Date Blood Drawn 02/09/2024	3. Test Requested ELISA	4. Reason for Testing Annual
5. Current Home Premises of Equine: ranch/farm/stable/market			
5a. Name WVC	5b. Address 319 Tackett Creek Road	5c. City/State/Zip Code Williamsburg, KY 40769	
5d. Tel No. (606) 549-5444	6. County of Home Premises of Equine Whitley		
7. Name and Address of Owner			
7a. Name of Owner Tyler Downs	7b. Address 591 Colonel Hollows Rd	7c. City/State/Zip Code Rockholds, KY 40759	7d. Telephone Number (606) 765-1274

**Certification of Category II Accredited Veterinarian**

I certify I am a Federally Accredited Category II veterinarian, authorized to perform accredited activities in the state in which the specimen was obtained and that the sample was drawn by me from the horse described below on the date indicated.

8. Accredited Veterinarian						
8a Veterinarian Name Williamsburg Vet Clinic Dr. Travis Sulfridge	8b National Accreditation Number 088807	8c Veterinarian Signature Digitally signed by Williamsburg Vet Clinic Dr. Travis Sulfridge	8d. Signature Date 2/9/2024			
8e Address PO Box 508		8f City/State/Zip Williamsburg, KY 40769	8g Telephone Number (606) 549-5444			
9. Tube No. black jack	10. Tag/Tattoo/Brand Number na	11. Name of Animal Black Jack	12. Color black	13. Breed (or species if not a horse) Tennessee Walking Horse	14. Age or DOB. 11 Years	15. Sex Gelding
16. Microchip, Breed, or Registration Number na						

**SHOW ALL PERMANENT WHITE MARKINGS, BRANDS, TATTOOS, SCARS, AND WHORLS**



**Narrative Description of Permanent White Markings, Brands, Tattoos, Scars, and Whorls (if none write none)**

17. Head Star	18. Neck and Body (include coat color patterns, if any, and other marks and brands) n
19. Left Forelimb na	20. Right Forelimb na
21. Left Hindlimb Sock	22. Right Hindlimb na

**For Laboratory Use Only**



23. EIA Laboratory Name University of Kentucky VDL (859) 257-8283	24. Date Sample Received 2/16/2024	25. Date Results Reported 2/16/2024	26. Official Test Result <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative	27. Test Type Used <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
23a. City Lexington	28. Remarks			
23b. State KY	29. Signature of NVSL Approved EIA Technician 	30. Interim Result Referred for Confirmation <input type="checkbox"/>		

**Official EIA Test Form, Approved by USDA Veterinary Services, MAR2020, USALIMS**